

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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JAN 30 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Simon P. Thomson						
II. Name of lobbyist's partnersl	nip, firm or corporation, if a	ny:				
Sheehan Phinney Capitol G	roup					
	rship, firm or corporation)					
Two Eagle Square	Concord	NH	03301			
Business Address: (Street)	(Town/City)	(State)	(Zip Code)			
(603) 228-2370	(603) 224-8899	email sthomson@shee	ehan.com			
(Telephone)	(Fax)					
III. This statement covers: (Choreportable expense transactions All reportable transactions of	which are not attributable					
NH Travel Council						
OR	y the lobbyist (including the l	s on the Lobbyist Registration Fo				
Reports cover: activity from dat October	, 2017	July 26, 2017 ☐ activity from 4/1/17 to 6/30/1 January 31, 2018 ☑ activity from 10/1/17 to 12/3				
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.						
VI. Check if additional reports are attached: ☐ If you have received fees or made expenditures, you must file Addendum A— Fees and Expenses ☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Honorariums or Expense Reimbursement ☐ If you, your firm, or your family has made political contributions, you must file Addendum C— Political Contribution						
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B at the best of my knowledge and bel	nd RSA 664 and hereby swear	or affirm that the foregoing info	rmation is true and complete to			
(Signature of lobbyist)		January 31, 2018 (Date)				
Simon P. Thomson (Print Name of lobbyist)						



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

P	I. N	Same of Lobbyist(s) Simon P. Thomson				
L E	II.	Name of lobbyist's partnership, firm or corporation, if any:				
	C1	Sheehan, Phinney Capitol Group				
A S E		(Name of partnership, firm or corporation)				
E						
	III.	Name of Client NH Travel Council	Date January 31, 2018			
P						
R						
		Fees Received				
N	Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying					
Τ	including fees for services such as public advocacy, government relations, or public relations services including research monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:					
	a)	Total of all fees received in this reporting period	a) \$ <u>0.00</u>			
			4 000 00			
	b)	Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ 4,000.00			
		(This should equal the total of an prior monthly reports for this calendar year	31)			
	c)	Total of all fees received to date (Add lines a and b)	c) \$ 4,000.00			
	11	[- 4]	3 /V C			
	d)	Indicate the amount of any such fees that are due, but have not yet been pair	d d) \$			
		Expenses: obyist(s)/Lobbying partnerships, firms, or corporations are required to report	all expenses made from lobbying fees. Separate			
		orts are to be filed for expenditures made relative to each client and if expenditures made relative to each client expenditure to				
		elated to any one client a separate report may be filed for the lobbyist(s)/fi				
	cate	egories of expenses: (a) the aggregate total of all expenses paid during the re- office expenses; (b) the aggregate total of all individual expenses where the	porting period for salaries, benefits, support staff, expenditure was of \$25.00 or less (for example)			
	mea	als purchased during a business lunch where the cost was \$25.00 or less, purchased	chase of a pen with a value of less than \$10 that is			
	given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.0 less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial of to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legisla reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addend					
	and	should not be reported on Addendum A.				
	_					
	a)	Total aggregate expenses for this reporting period for salaries, benefits,	-> ¢ 5 967 /1			
		support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>5,867.41</u>			
	b)	Total aggregate of expenditures during this reporting period, not reported				
	•	in a), of \$25 or less.	b) \$			
		Tatal of all itematical associations are control in detail in section VI	c) \$			
	c)	Total of all itemized expenditures reported in detail in section VI.	U) 4			

d)	Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>5,867.41</u>				
e)	Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>17,801.86</u>				
f)	Total of all expenses year to date	F) \$ 23,669.27				
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.						
Paid	1 :	Amount:				
_		\$				
		\$				
_		\$				
_		\$				
		\$				
		\$				
Swe	orn Statement/Affirmation by Lobbyist					
	ve read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the ue and complete to the best of my knowledge and belief. Janua	foregoing information ary 31, 2018				
(Sig	nature of lobbyist)	(Date)				
	non P. Thomson nt Name of lobbyist)					